

SEP 02 2009

Atty Docket No. 021756-013000US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Amelia L. Rutledge

Group Art Unit 2176

OFFICIAL COMMUNICATION
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CERTIFICATION OF FACSIMILE TRANSMISSION

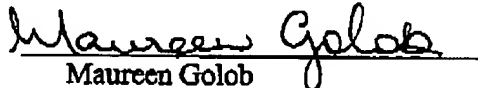
I hereby certify that the following documents in re Application of Joan C. Teng et al., Application No. 09/998,895, filed November 30, 2001 for DOMAIN BASED WORKFLOWS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. PTO/SB/21 Transmittal Form (1 page);
2. Petition for Extension of Time (1 page);
3. Request for Continued Examination (1 page); and
4. Amendment (16 pages).

Number of pages being transmitted, including this page: 20

Dated: September 2, 2009


Maureen Golob

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/998,895
	Filing Date	November 30, 2001
	First Named Inventor	Teng, Joan C.
	Art Unit	2176
	Examiner Name	Amelia L. Rutledge
	Attorney Docket Number	021756-013000US
Total Number of Pages in This Submission		19

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (16 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (1 page)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account No. 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature	S. B. Kotwal	
Printed name	Sujit B. Kotwal	
Date	September 2, 2009	Reg. No. 43,336

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